

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS AA (AMBULATORY)

**Facility Information**

**Facility Name:** WATERMAN WING CBRF (0009657)

**Address:** 356 S MAIN ST, FORT ATKINSON, WI 535389311

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/01/2003

**Regional Office:** SOUTHERN REGION (MADISON), (608) 243-2370

**Survey History**

**Survey ID:** 0095470      **End Date:** 08/31/2005      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10008268    Served 09/08/2005

Deficiencies Cited  
83.33(3)(a)1

Subject Area  
PRACTITIONER'S WRITTEN ORDER FOR MEDS

Compliance  
Verified

Corrected

**Survey ID:** 0094802      **End Date:** 04/01/2005      **Type:** OTHER      **Purpose:** DESK REVIEW

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008189    Served 04/04/2005

Deficiencies Cited  
50.065(6)(b)

Subject Area  
CREDENTIALLED CAREGIVERS

Compliance  
Verified

Corrected

**Survey ID:** 0090906      **End Date:** 08/18/2003      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

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For the period 06/01/2003 to 05/31/2006  
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CLASS AA (AMBULATORY)

**Enforcement History**

**Date:** 04/01/2005      **SOD #**10008189      **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT

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